



HISTORIC INDIANA STATE FAIRGROUNDS COLISEUM SEATS – ADVANCE ORDER

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

PHONE: () _____ (day) **PHONE:** () _____ (evening)

EMAIL: _____ (I prefer to be contacted by email.)

ORDER INFORMATION



QUANTITY	TOTAL
x 1000.00	\$

General pick-up times and date upon confirmation of payment.

For more information contact:

Justin Armstrong

(317) 927-7559

jarmstrong@indianstatefair.com

PAYMENT INFORMATION

check (enclosed)

*payable to Indiana State Fair Foundation
1202 E. 38th Street, Indianapolis, IN 46205*

credit card

VISA / MC / AMEX

Number

Expiration date

CCV

Signature

Date